

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. <div style="font-size: 1.5em; font-family: cursive;">10/595769</div> | | FILING DATE | |
|--|----------|------|------------------------------------|------|------------------------------------|--|--|-------------|--|
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| TOTAL CLAIMS | 19 | | | | | | | | |

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